

South Carolina Department of Health and Human and Services

Statement of Pregnancy

Under penalty of perjury, I, _____ state that I am pregnant.
(Name of Applicant)

Pregnancy test:

- Home test
- Health Department
- Doctor: _____
- Other: _____

Today's date is _____. The expected due date of my baby is _____.

- I understand that if I am not pregnant and the Medicaid agency discovers that I am not pregnant, I will be asked to pay back the cost of any services I received while ineligible for Medicaid.
- I understand that I must report to the Medicaid agency when my baby is born or when I am no longer pregnant.

Signature of Person Giving Statement

Print Name of Person Giving Statement

Street or PO Box of Person Giving Statement

City, State, and Zip Code of Person Giving Statement

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

إذا كانت لغتك الأساسية غير اللغة الإنجليزية فان خدمات المساعدات اللغوية متوفرة لك مجانا. اتصل على الرقم: 888-549-0280 (رقم هاتف الصم والبكم 1-888-842-3620)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телефон: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

Ealam tawng thiām tu na si le tawng let pak asii mi 1-888-549-0820 (TTY: 1-888-842-3620) ab tang ka.

प्रकाशित करें। ध्ययद आप हन्दी बोलते हो तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-549-0820 (TTY: 1-888-842-3620) पर कॉल करें।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမုပ်ကတိ၊ ကည်းကျို့အယိုး၊ နမေနှင့် ကျို့အတ်မာစာလာ၊ တလ်ဘူးလူလိုင်း၊ နိုတမံးဘုံသုန္တိလို့၊ ကိုး 888-549-0820 (TTY: 888-842-3620)

ማስታወሻ: የሚገኘውን ቁጥር አማካይ ከሆነ የተጠገኘው እርዳታ ይረዳዋል፡፡ በንጂ ለያግባውት ተዘጋጀቷል፡ ወደ ማረከተለው ቁጥር ይደውሉ 1-888-549-0820 (መስማት ለተሳናቸው፡ 1-888-842-3620)。

အကယ်၏ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အဆဲ၊ သင့် င့်အတွက် ဖိစ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ်ဆိုပါ။